

13d. Rehabilitative Services (Continued)

COVERED SERVICES (Continued)

***Counseling and Psychotherapy:*** Counseling is supportive psychotherapy performed as needed in a direct and face-to-face involvement with the client available on a 24-hour basis to listen to, interpret and respond to the client's expression of her/his physical, emotional and/or cognitive functioning or problems. It is provided within the context of the goals of the program's clinical intervention as stated in the client's treatment plan. Its purpose is to help the client achieve and maintain psychiatric and/or drug/alcohol-free stability. Its broader purpose is to help clients improve their physical and emotional health and to cope with or gain control over the symptoms of their illnesses and effects of their disabilities. Counseling is provided by physicians, clinicians, associate clinicians and assistant clinicians who are credentialed counselors or learning and practicing under direct supervision by a credentialed clinician.

In addition to supportive psychotherapy there are several highly specific modalities of psychotherapy, each based on an empirically valid body of knowledge about human behavior. Provision of each requires specific credentials. Although the nature of the client's needs and the specific modality of therapy determines its duration, psychotherapy has circumscribed goals, a definite schedule and a finite duration. Examples include: psychodynamic therapy, psychoeducational therapy, multi-family group therapy, and cognitive therapy. The assessments, treatment plans and progress notes in client records must justify, specify and document the initiation, frequency, duration and progress of such specialized modalities of psychotherapy.

Psychotherapy may be provided by physicians and clinicians who are credentialed in specific modalities or learning and practicing under the supervision of one who is credentialed.

***Psychiatric Rehabilitative Services:*** Rehabilitative therapy provided on an individual and small group basis to assist the client to gain or relearn skills needed to live independently and sustain medical/psychiatric stability. Psychiatric rehabilitation is provided primarily in home and community based settings where skills must be practiced. Psychiatric rehabilitative services are provided by a physician, clinician, associate clinician or assistant clinician.

TN # SP-296

Supersedes

TN # SP-270

Approval Date 7-9-91

Effective Date 040191

State: DELAWARE

13d. Rehabilitative Services:

1) ***Community Support Services***

COVERED SERVICES - continued

***Psychosocial Rehabilitation Center Services:*** Facility based, group rehabilitative therapy for clients who can not be adequately served through only individualized home and community based psychiatric rehabilitative services. Psychosocial rehabilitative therapy is provided to assist the client to gain or relearn skills needed to live independently and sustain medical / psychiatric stability. Therapy is provided in 5-hour blocks for up to five days per week at a psychosocial rehabilitation center facility. Services are provided by a physician, clinician, associate clinician or assistant clinician.

***Residential Rehabilitation Services:*** Facility-based, 24-hour rehabilitative therapy for clients who can not be adequately served through psychosocial rehabilitation center and/or individualized home and community based psychiatric rehabilitative services. Residential rehabilitation services are provided to assist the client to gain or relearn skills needed to live independently and sustain medical / psychosocial stability. Residential Rehabilitation Services are provided in a licensed mental health group home or a licensed alcoholism and drug abuse residential treatment program. Services are provided by a physician, clinician, associate clinician or assistant clinician.

Services must be authorized by a physician's determination of medical necessity, must be supported by an individual treatment plan signed by the physician and must be supervised by a physician in a manner prescribed by the Medicaid Provider Manual for Rehabilitative / Community Support Service Programs.

LIMITATIONS

Services provided beyond 60 days following entry to the program, or the anniversary date of entry to the program, without completion of a comprehensive medical and psychosocial assessment, treatment plan and physician's certification of medical necessity are not reimbursable. Psychosocial rehabilitation center services must be re-certified by the program physician every six months.

Vocational counseling, vocational training at a classroom or job site, academic/remedial educational services and services which are solely recreational in nature are not reimbursable by Medicaid.

Services must be provided in accordance with the Medicaid Provider Manual.

TN No. SP-323  
Supersedes  
TN No. SP-296

Approval Date MAY 04 1993  
Effective Date 1/1/93

State: DELAWARE

13d. Rehabilitative Services:

1) ***Community Support Services***

LIMITATIONS - continued

Providers must attempt to provide each client a minimum of one face-to-face contact per week.

Services provided in an institution for mental diseases are not reimbursable.

Clients who are treated with psychotropic medication must be evaluated monthly face to face by a physician.

Component services of community support service programs may not be sub-contracted to independent provider organizations.

Room and board services are not coverable.

TN No. SP-323

Supersedes

TN No. New

Approval Date

Effective Date

**MAY 04 1993**

1/1/93

State: DELAWARE13d. Rehabilitative Services:2. *Day Health and Rehabilitation Services for Individuals with Conditions Associated with Mental Retardation Developmental Disabilities.*

## ELIGIBLE PROVIDERS

Providers are organizations certified by the Division of Mental Retardation (DMR) in accordance with standards established by DMR and also accredited by the Commission for Accreditation of Rehabilitation Facilities (CARF).

## DEFINITION OF DAY HEALTH AND REHABILITATION SERVICES

Day health and rehabilitation services shall provide individualized activities, supports, training prevocational habilitation, supervision, and transportation based on a written plan of care to eligible persons for two or more hours per day scheduled multiple times per week. These services are intended to improve the recipient's condition or to maintain an optimal level of functioning, as well as to ameliorate the recipient's disabilities or deficits by reducing the degree of impairment or dependency. Therapeutic consultation to service providers, family and friends of the client around implementation of the plan of care may be included as part of the services provided by the day health and rehabilitation program. The provider must be an approved provider of services and meet all applicable standards. Specific components of day health and rehabilitation services include the following as needed:

1. Self care and hygiene skills;
2. Eating and toilet training skills;
3. Task learning skills;

TN No. SP-315

Supersedes

TN No. new page

Approval Date

Effective Date

**MAR 09 1993**  
**OCT 01 1992**

State: DELAWARE

4. Community resource utilization skills (e.g., training in time, telephone, basic computation, money, warning sign recognition, and personal identification, etc.);
5. Environmental and behavior skills (e.g., training in punctuality, self-discipline, care of personal belongings and respect for property, and in wearing proper clothing for the weather, etc.);
6. Medication management;
7. Travel and related training to and from the training sites and service and support activities;
8. Prevocational habilitation skills;
9. Skills related to the above areas, as appropriate that will enhance or retain the recipient's functioning.

There would be two levels of Day Health and Rehabilitation Services based on functioning levels of clients served. One level will be for clients more medically involved in need of more intensive medical supports. Rates will be different between the two levels.

#### FREQUENCY, DURATION AND SCOPE

Community Day Health and Rehabilitation services are provided as medically necessary subject to the limitations of the State Plan, to assist eligible persons cope with mental retardation and developmental disabilities, minimize the effects of their disabilities on their capacity for independent living and prevent or limit periods of institutional treatment.

Eligible recipients are Medicaid recipients who would benefit from services designed for, or associated with, the treatment of mental retardation and/or developmental disabilities. The amount, frequency, and necessity of services shall be documented by the interdisciplinary team based on a completed comprehensive medical/psycho-social evaluation.

TN No. SP-315  
Supersedes  
TN No. new page

Approval Date MAR 09 1993  
Effective Date OCT 01 1992

State: DELAWARE

#### LIMITATIONS

Vocational counseling, vocational training at a classroom or job site, academic/remedial education services and services which are solely recreational in nature are not reimbursable by Medicaid.

Units of service with individuals other than the eligible clients are not reimbursable by Medicaid.

Services delivered by telephone are not reimbursable by Medicaid.

Services must be provided in accordance with the Medicaid State Plan.

Services provided in institutions for mental retardation are not reimbursable under this section of the Medicaid Plan.

Component services of community Day Health and Rehabilitation service programs may not be sub-contracted to independent provider organizations.

#### REIMBURSEMENT METHODOLOGY

For reimbursement methodology, see Attachment 4.19-B, Page 16.

TN No. SP-315  
Supersedes  
TN No. new page

Approval Date MAR 03 1991  
Effective Date OCT 01 1992

AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

☒ Provided: ☒ No limitations ☐ With limitations\*

☐ Not provided.

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☒ Provided: ☒ No limitations ☐ With limitations\*

☐ Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☐ Provided: ☐ No limitations ☐ With limitations\*

☒ Not provided.

17. Nurse-midwife services.

☒ Provided: ☒ No limitations ☐ With limitations\*

☐ Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

\*Description provided on attachment.

TN No. SP-245

Supersedes

TN No. SP-240

Approval Date \_\_\_\_\_

Effective Date 7/1/87

HCFA ID: 0069P/0002P

STATE/TERRITORY DELAWARE

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

**19. Case management services and Tuberculosis related services**

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

☐ Provided ☐ With limitations\*

☒ Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

☐ Provided: ☐ With limitations\*

☒ Not provided.

**20. Extended services for pregnant women**

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

☒ Additional coverage++

- b. Services for any other medical conditions that may complicate pregnancy.

☒ Additional coverage++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

\*Description provided on attachment

TN No. <u>SP-339</u>	Approval Date <u>FEB 17 1995</u>
Supersedes	
TN No. <u>SP-302</u>	Effective Date <u>10/1/94</u>



State/Territory: Delaware

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

☐ Provided: ☐ No limitations ☐ With limitations\*

☒ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☐ Provided: ☐ No limitations ☐ With limitations\*

☒ Not provided.

23. Pediatric or family nurse practitioners' services.

Provided: ☒ No limitations ☒ With limitations\*

\*Description provided on attachment.

TN No. SP-302

Supersedes

Approval Date

DEC 18 1992

Effective Date

JUL 01 1992

TN No. SP-261 and SP-252\*

HCFA ID: 7986E

Information previously on pages 8 and 8a of Attachment 3.1-A.

State/Territory: DELAWARE

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☒ No limitations ☐ With limitations\*  
☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☒ No limitations ☐ With limitations\*  
☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

\*Description provided on attachment.

TN No. SP 305  
Supersedes SP-250

Approval Date

**JUL 30 1992**

Effective Date April 1, 1992

HCFA ID: 7986E